

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743766 (8)

1. Corporation Name

NORTH BREVARD COUNTY REACT TEAM 2562, INCORPORATED

Principal Place of Business

18 N. DIXIE AVENUE (TITUSVILLE)  
P. O. BOX 1395  
TITUSVILLE FL 32781-5395

Mailing Address

18 N. DIXIE AVENUE (TITUSVILLE)  
P. O. BOX 1395  
TITUSVILLE FL 32781-5395



3. Date Incorporated or Qualified  
08/01/1978

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROWTON, JERRY W  
18 N DIXIE AVE.  
PO BOX 1268  
TITUSVILLE FL 32781

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BAUMANN, SUE  
STREET ADDRESS 1189 S. PARK AVE. #A  
CITY-ST-ZIP TITUSVILLE FL

TITLE AMC  
NAME ROWTON, JERRY  
STREET ADDRESS 18 N DIXIE HWY  
CITY-ST-ZIP TITUSVILLE FL

TITLE SD  
NAME BAUMANN, RAYMOND  
STREET ADDRESS 1189 S. PARK AVE. #A  
CITY-ST-ZIP TITUSVILLE FL

TITLE ~~VD~~  
NAME HALM, RANDY  
STREET ADDRESS 1595 PLUM AVE.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE AMC  
NAME JOHNSON, ALAN  
STREET ADDRESS 189 BAHNSEN RD.  
CITY-ST-ZIP TITUSVILLE, FL 00000

TITLE TD  
NAME JOHNSON, CATHY  
STREET ADDRESS 189 BAHNSEN ROAD  
CITY-ST-ZIP TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ~~VD~~  
22 NAME Mike Ellixson  
23 STREET ADDRESS 2605 Columbia Blvd  
24 CITY-ST-ZIP Titusville FL 32780

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE AMC  
42 NAME John David Johnson  
43 STREET ADDRESS 1330 Hallett Ave.  
44 CITY-ST-ZIP Titusville FL 32780

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Baumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Baumann

3-12-96

Date

407-261-6222

Day/Time Phone #

CR2E037 (12/95)